

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 07, 2007 8:00 am
Secretary of State

02-12-2007 90095 036 ***150.00

DOCUMENT # P03000155812 1. Entity Name HEARTLAND POOL SERVICE INC			
Principal Place of Business P.O. BOX 883 AVON PARK FL 33826		Mailing Address P.O. BOX 883 AVON PARK FL 33826	
2. Principal Place of Business - No P.O. Box # 150 N. FONDILLAC RD Suite, Apt. #, etc.		3. Mailing Address PO BOX 883 Suite, Apt. #, etc.	
City & State AVON PARK FL Zip 33825		City & State AVON PARK FL Zip 33826	
Country US		Country US	
4. FEI Number 20-0712234		☐ Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PRICE, BRYAN P.O. BOX 883 AVON PARK FL 33826		7. Name and Address of New Registered Agent Name: BRYAN PRICE Street Address (P.O. Box Number is Not Acceptable): 150 N. FONDILLAC RD City: AVON PARK FL Zip Code: 33825	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P PRICE, BRYAN P.O. BOX 883 AVON PARK FL 33826	☐ Delete	☐ Change ☐ Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <u>Bryan Price</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date: <u>01-30-07</u> 863-4537665	